

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Joshua Barnes</u>		Town <u>Farmount Heights</u>		County <u>P.B.</u>		State <u>MARYLAND</u>	
Date of death <u>1909</u>		Month <u>11</u>		Day <u>14</u>		Age <u>66</u>	
Sex <u>Male</u>		Color <u>White</u>		Birth-place <u>Md</u>		Months <u>-</u>	
Occupation <u>Minister</u>		Where Residing if not at place of death <u>-</u>		Days <u>-</u>			
Married, <u>Single</u>		Name of Wife or Husband <u>Hattie Barnes</u>		Father's Name <u>Unknown</u>		Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>"</u>		Mother's Birthplace <u>Md</u>		Name of person giving Information		How related to deceased <u>120</u>	

PHYSICIAN
OR CORONER

CAUSES OF DEATH		How long <u>6 years</u>	
Primary <u>Interstitial Nephritis</u>		How long <u>24 hrs</u>	
Immediate <u>Coma</u>		Signature of Physician <u>W. H. Jones</u>	
Are the name, age, sex, color, date and place correctly given above?		Address <u>Beamwood Hts</u>	
Accident or Suicide		<u>L.B.</u>	



Name
in
Full

CERTIFICATE OF DEATH

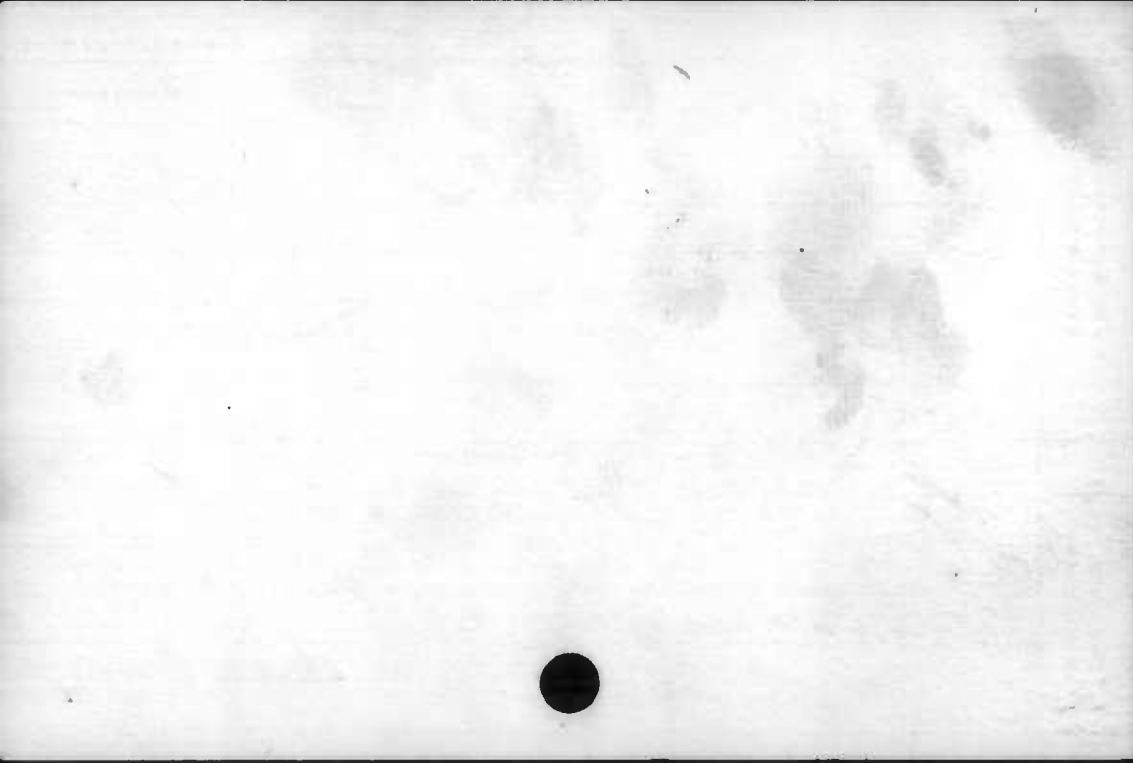
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Rainier</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death	1909	Month	11	Day	6
Sex	Female	Color or Race	White	Age	—
Occupation	—		Birth-place	Mt. Rainier Md.	
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name		Oakley C. Carver		Father's Birthplace	
Mother's Maiden Name		Adel Isabelle Peppin		Mother's Birthplace	
Name of person giving Information		Oakley C. Carver		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Delivery	How long	✓
Immediate	Asphyxia	How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
		Harry Kelly M.D.	
		Address	
		Mt. Rainier Md.	
Accident or Suicide		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chase

Died at <i>Brightseat</i>		Town		<i>Prince George's</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>11</i>		Day <i>24</i>		Years		Months	
Sex <i>Could not give</i>		Color or Race <i>Colored</i>		Birth-place <i>Brightseat</i>		Age <i>about 1 hour</i>		Days	
Occupation		Where Residing if not at place of death <i>Brightseat</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Father's Name <i>Unknown</i>		Mother's Name <i>Ladie Chase</i>		Mother's Birthplace <i>Unknown</i>		Name of person giving Information <i>E. B. Goodlock</i>		How related to deceased <i>none</i>	

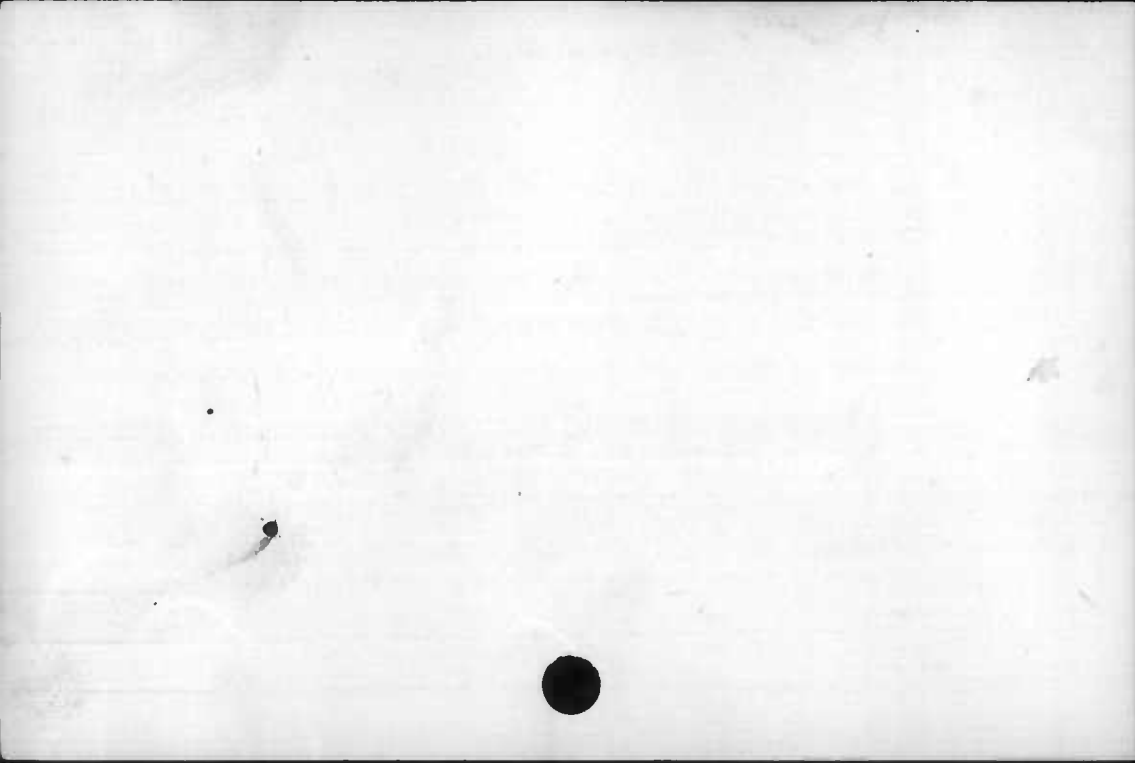
CAUSES OF DEATH

Primary	<i>Congenital</i>	How long	<i>151</i>
Immediate	<i>Weakness or debility</i>	How long	<i>Five hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Elmer Behrend</i>
Accident or Suicide	<i>Neither</i>	Address	<i>Sub. Registrar</i>

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Nedley, Marlboro</i>		County <i>P. Essex</i>			
		Town		County			
		Date of death <i>1909</i>	Month <i>11</i>	Day <i>7</i>	Age <i>68</i>	Months	Days
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
		Occupation <i>Housewife</i>	Where Residing if not at place of death				
		Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thomas Blaggett</i>				
		Father's Name <i>Thomas F. Bowie</i>	Father's Birthplace <i>Md</i>				
		Mother's Maiden Name <i>Bathernie H. Haring</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mrs. B. Blaggett</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Cardiac degeneration</i>			How long <i>Don't know</i>		
		<i>acute indigestion</i>					
	Immediate	<i>Syncope</i>			How long <i>10 hrs</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>				
	Signature of Physician		<i>Renee J. Jansen</i>				
		Address		<i>Upper Marlboro Md</i>			
Accident or Suicide?							



Name
in
Full

Hallie P Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

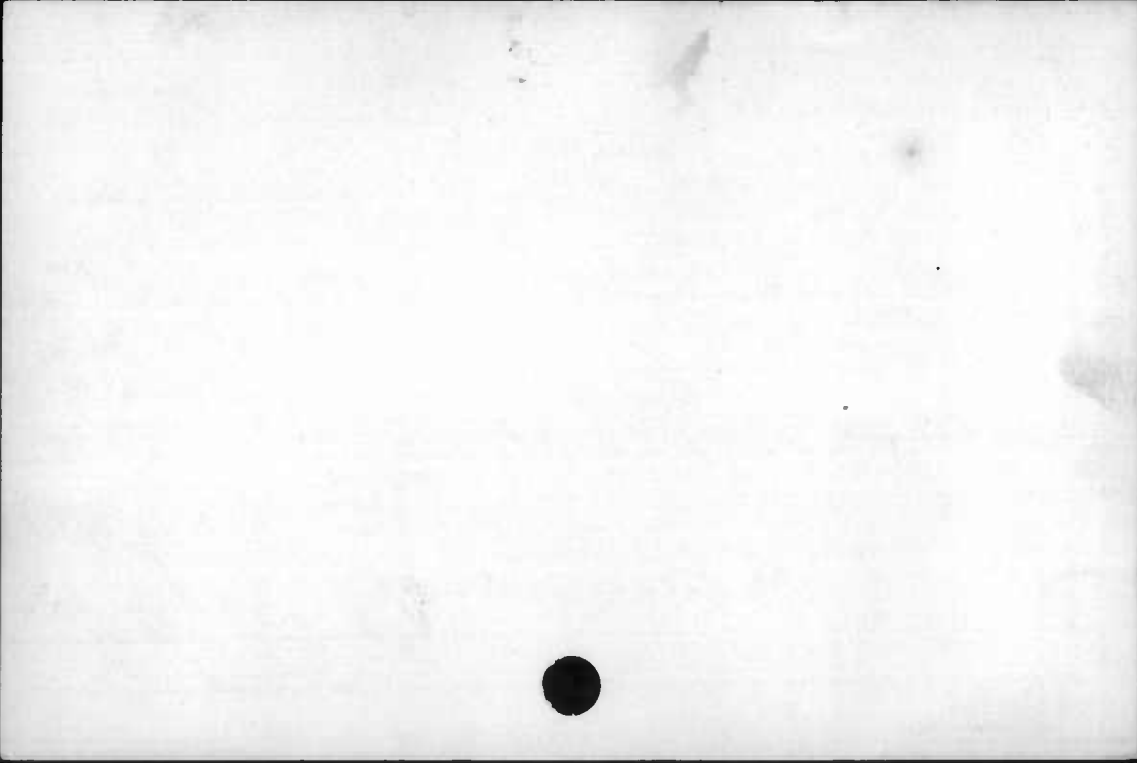
Died at ^{Town} Meadows		^{County} P. G.		MARYLAND	
Date of death	1909	Month	11	Day	5
Age		Years		Months	Days
30					
Sex	Female	Color or Race	Black	Birth-place	md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband		
James E. Craig		James E. Craig			
Father's Name	James G. Goss		Father's Birthplace	md	
Mother's Maiden Name	Anna Goss		Mother's Birthplace	md	
Name of person giving information	James E. Craig		How related to deceased	son-in-law	

CAUSES OF DEATH

(178)

PHYSICIAN
OR CORONER

Primary	Sudden death		How long	2 hrs.
Immediate	Hemorrhage		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			John E. Brunsby	
			Address	
			Lonsville	
			md	
Accident or Suicide?		neither		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Townsville* *P. Co* County
Date of death 1909 *Nov* Month *17th* Day Age *18* Years Months Days

Sex
Occupation

Female

Color or
Race

Colored

Birth-
place

Unknown

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Edward Ray

Father's
Birthplace

Unknown

Mother's
Maiden Name

Ray

Mother's
Birthplace

Unknown

Name of person giving
Information

Carnie P. Pinkney

How related
to deceased

None

CAUSES OF DEATH

Primary

Tuberculosis

How long

1 yr

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John S. Lawbury
Townsville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

Kate A. Dorsett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

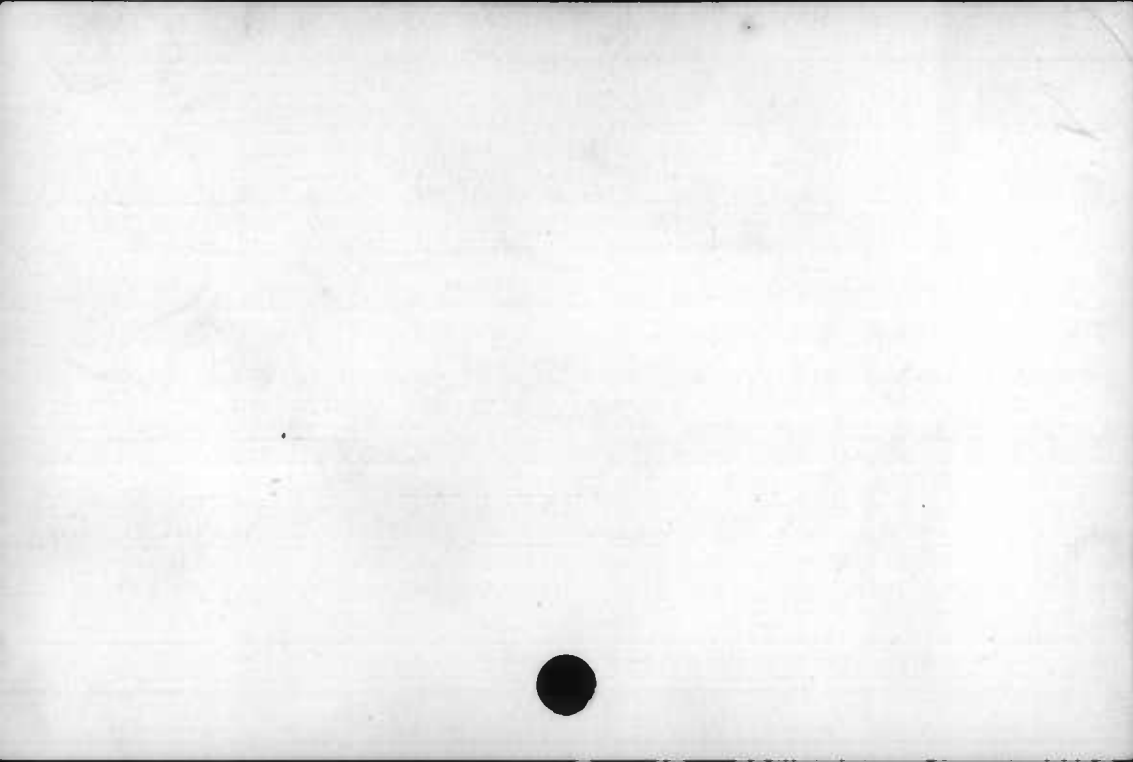
Died at <i>Brentwood</i>		Town		County		MARYLAND					
Date of death	<i>1909</i>	Month	<i>Nov</i>	Day	<i>4</i>	Age	<i>71</i>	Months		Days	
Sex	<i>Female</i>			Color or Race	<i>white</i>			Birth-place	<i>DC</i>		
Occupation	<i>None</i>				Where Residing if not at place of death				<input checked="" type="checkbox"/>		
Married, Single or Widowed	<i>Single</i>				Name of Wife or Husband				<input checked="" type="checkbox"/>		
Father's Name	<i>Fielder R Dorsett</i>						Father's Birthplace	<i>Ind</i>			
Mother's Maiden Name	<i>Annie McRea</i>						Mother's Birthplace	<i>Ind</i>			
Name of person giving information	<i>Annie C Heflebower</i>						How related to deceased	<i>Niece</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Mastitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Acetemia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Shos E. [illegible]</i>
		Address	<i>Maryland</i>
Accident or Suicide?			



Name
in
Full

Still birth. Douglas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seat Pleasant</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Seat Pleasant</i>	
Occupation <i>Farm laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Douglas</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Susanna Carter</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Susanna Douglas</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	<i>179</i> How long <i>—</i>
Immediate	<i>Unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician <i>R. A. Schoonover</i>
		Address <i>Berming D. C.</i>
Accident or Suicide?	<i>—</i>	

15-3

Name
in
Full

Margaret A. Fink

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

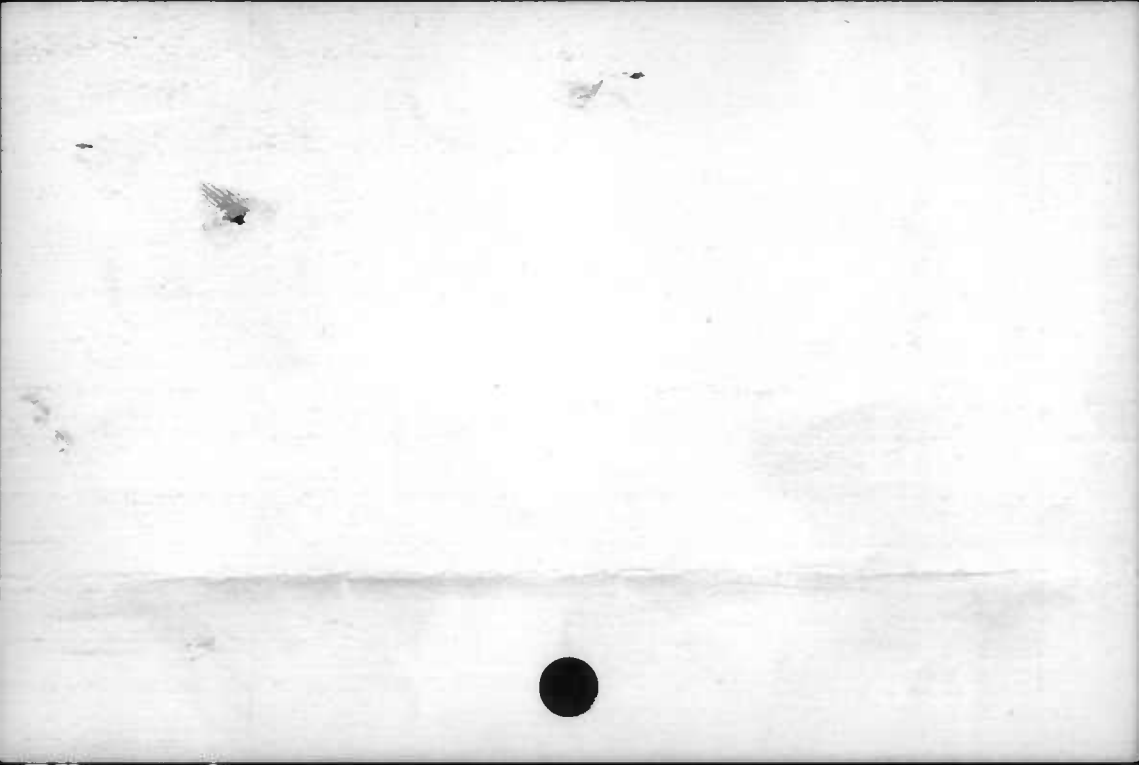
Died at <i>Berwyn</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Nov</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>26</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William P. Fink</i>				
Father's Name <i>James Arrowsmith</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Levens</i>	Mother's Birthplace <i>Phila. Pa</i>				
Name of person giving information <i>Wm P. Fink</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grippe, Lobes Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Acute Endocarditis</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Etienne</i>
	Address <i>Berwyn Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary Fleming.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Hyattsville, ^{Town}Prince Georges Co ^{County}

MARYLAND

Date of death 1904 Nov. 24

Age Years Months Days 14

Sex Female

Color or Race White

Birth-place Baltimore

Occupation None

Where Residing if not at place of death —

Married, Single or Widowed Widowed

Name of Wife or Husband —

Father's Name Jacob Harmon

Father's Birthplace unknown

Mother's Maiden Name Catherine Hansch

Mother's Birthplace unknown

Name of person giving information Mrs. W. Weber

How related to deceased Son-in-law

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis

How long 5 yrs

Immediate Apoplexy

How long 36 hrs

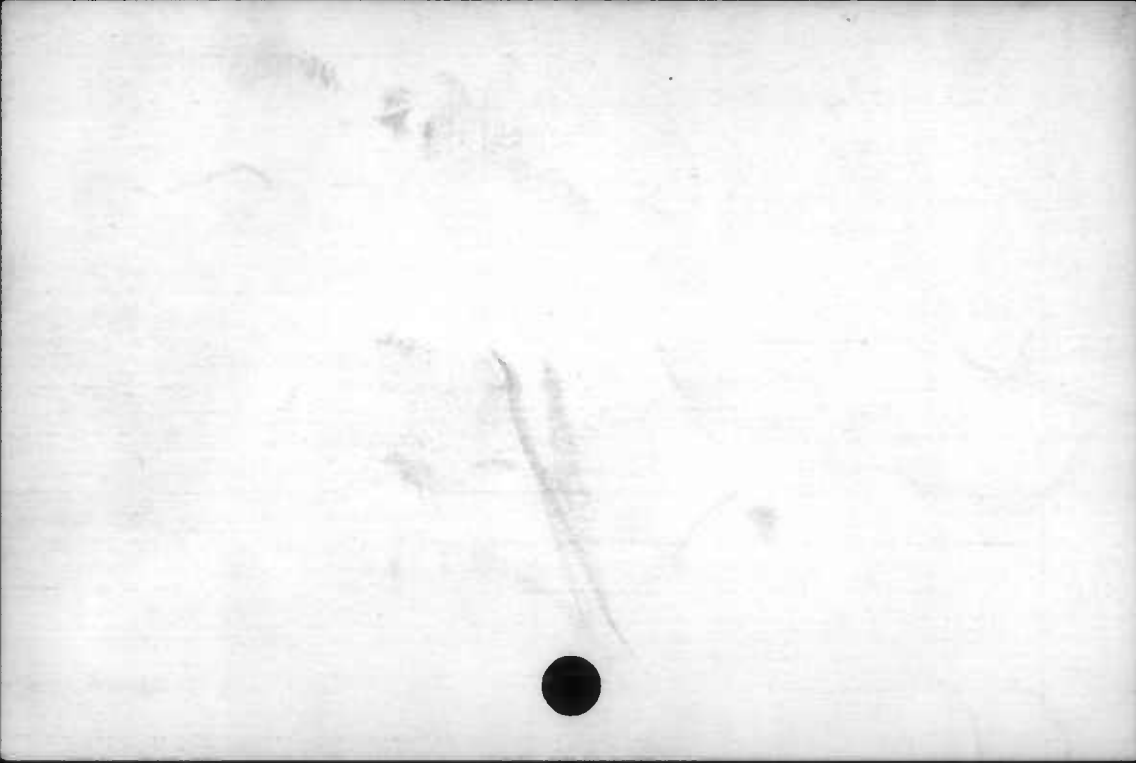
Are the name, age, sex, color, date and place correctly given above? y

Signature of Physician

Address

John E. Palmer
Hyattsville

Accident or Suicide?



Name
in
Full

Rebecca Grofs

CERTIFICATE OF DEATH

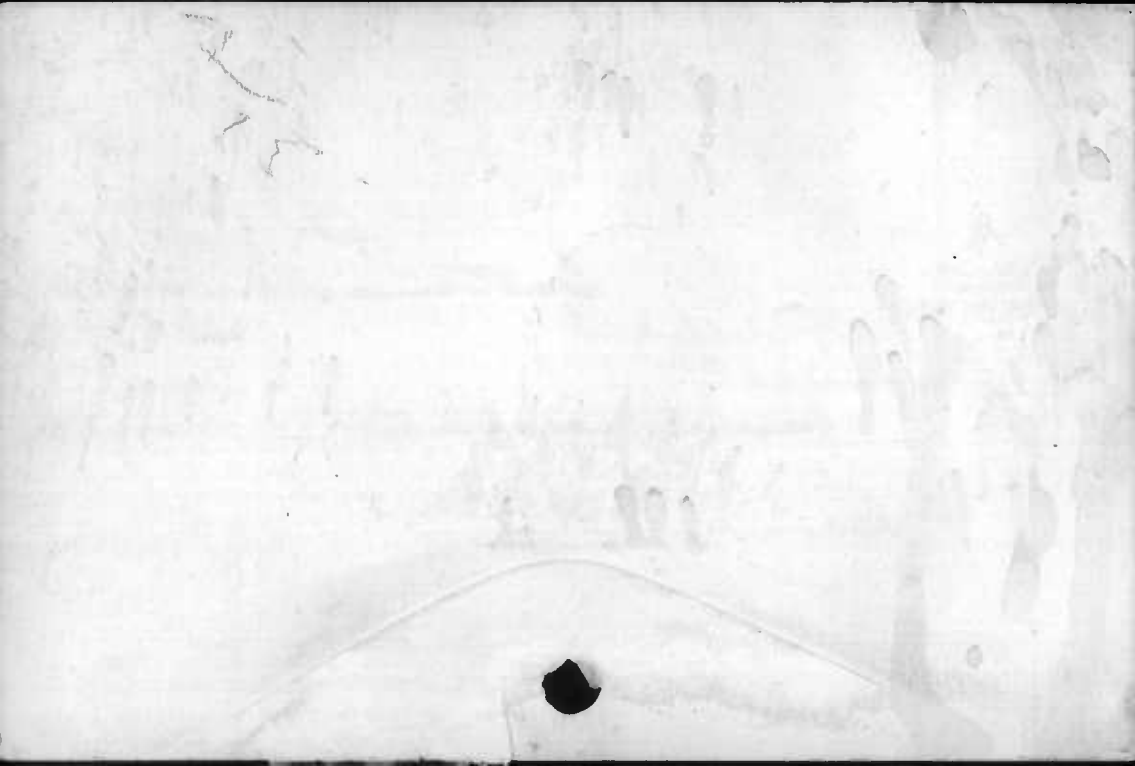
TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} Aquasco		^{County} Prince George		MARYLAND	
Date of death	1909	Month	Nov.	Day	19
		Years	8	Months	2
Sex	Female	Color or Race	Mulatto	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death At Home			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Sewellyn Grofs			Father's Birthplace	Maryland
Mother's Maiden Name	Eliza Reeder			Mother's Birthplace	Maryland
Name of person giving information	Sewellyn Grofs			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever last August but I did not attend her.	How long	9 did not attend her.
Immediate	Impudent Eating Convulsions	How long	13 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Wm. A. Murbury,	
		Address	
		Aguasco,	
		Maryland.	
Accident or Suicide?			



Name
in
Full

Eleanor H. ~~Harlow~~

CERTIFICATE OF DEATH

Died at ^{Town} Near Laurel ^{County} Prince George MARYLAND

Date of death 1909 ^{Month} 11 ^{Day} 11 ^{Years} Age 38 ^{Months} ^{Days}

Sex ^{Female} Color or Race ^{White} Birth-place ^{Savage}

Occupation ^{Housewife} Where Residing if not at place of death ^{Near Laurel}

Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Dr. Wilton Harlow}

Father's Name ^{David Dale} Father's Birthplace ^{Scotland}

Mother's Name ^{Miss Brown} Mother's Birthplace ^{Scotland}

Name of person giving information ^{David Dale} How related to deceased ^{Brother}

CAUSES OF DEATH

135

Primary ^{Chudburg} How long ⁻

Immediate ^{Hemorrhage} How long ⁻

Are the name, age, sex, color, date and place correctly given above? ^{ye} Signature of Physician ^{D. D. Perry}

Address ^{Laurel Md.}

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Richard W. Hereford

CERTIFICATE OF DEATH

Died at ^{Town} Lefebvre Marlboro P. O. ^{County}

MARYLAND

Date of death 1909 ^{Month} November ^{Day} 13 - ^{Years} Age 65 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} MdOccupation R. F. D. ^{Where Residing if not at place of death} St AnneMarried, ~~Single~~ ^{Wife} ^{Nome of Wife or Husband} Catherine HerefordFather's Name Dr. Hereford ^{Father's Birthplace} W. VirginiaMother's Maiden Name - West ^{Mother's Birthplace} Md.Name of person giving information ^{How related to deceased} Mabel Hereford daughter

CAUSES OF DEATH

62

Primary P. Locomotor Ataxia ^{How long} 3 yearsImmediate Paralysis ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Yes

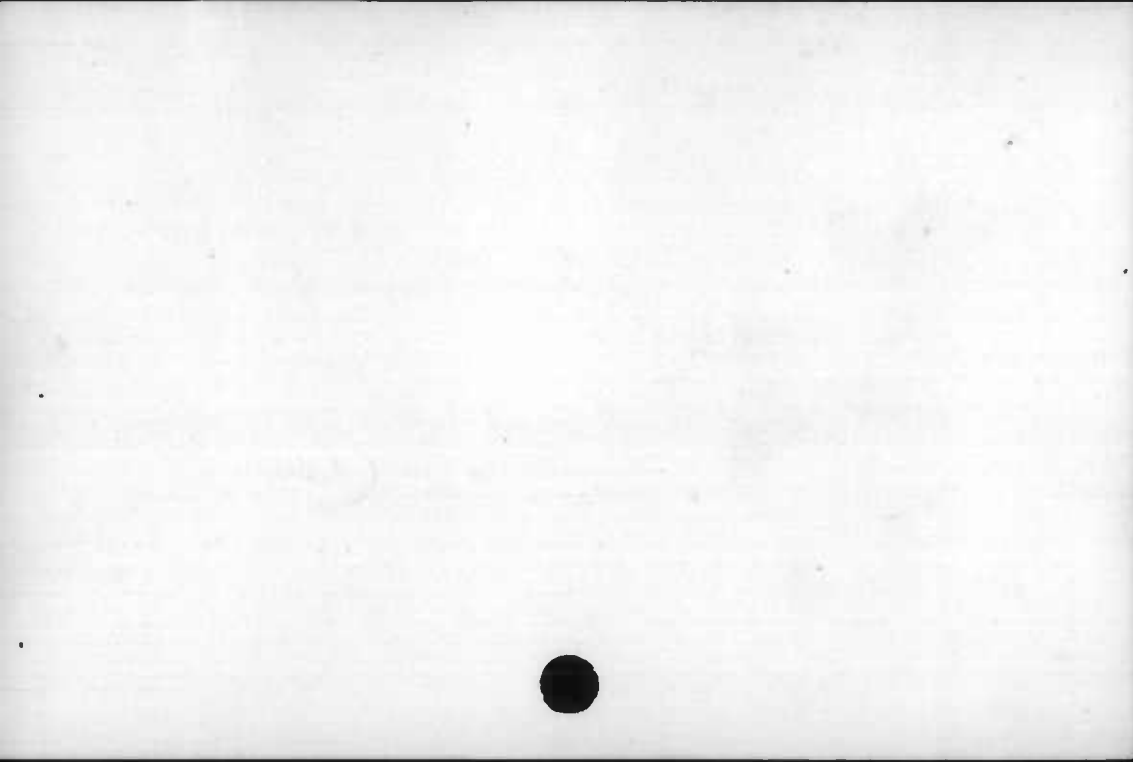
Signature of Physician

Address

J. L. Warrig
Clinton

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Catharine Louisa Johnson

CERTIFICATE OF DEATH

Died at

Collington ^{Town} *P. G.* ^{County}

MARYLAND

Date

of death 1909

Month

Nov

Day

19

Age

3

Months

3

Days

2

Sex

female

Color or
Race

colord

Birth-
place

Collington Md

Occupation

none

Where Residing if not
at place of death

collington

Married, Single
or Widowed

single

Name of Wife or
Husband

none

Father's
Name

Benf Johnson

Father's
Birthplace

Collington

Mother's
Maiden Name

Catharine Williams

Mother's
Birthplace

Collington

Name of person giving
Information

Joseph Jennings

How related
to deceased

Half sister

CAUSES OF DEATH

179

Primary

Marasmus

How long

2 weeks + 4 day

Immediate

Heart failure

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

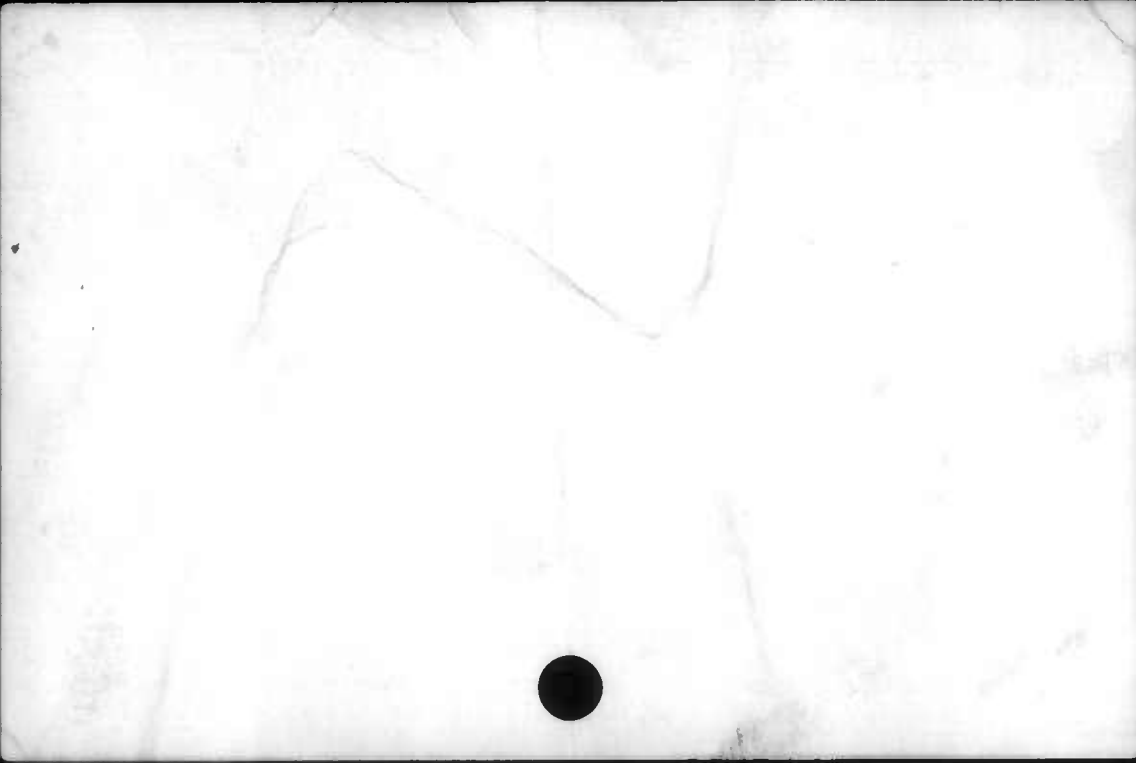
*James H. Pruitt
Bowie Md*

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Johnson*

Died at *Burleigh* ^{Town} *P. H. Co.* ^{County}

Date of death *1909 Nov. 2* ^{Month} ^{Day} Age *—* ^{Years} Months *—* Days *—*

Sex *female* Color or Race *colored* Birth-place *Md.*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Philip Johnson* Father's Birthplace *Md.*

Mother's Maiden Name *Edith Jackson* Mother's Birthplace *Ind.*

Name of person giving information *Philip Johnson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *was premature at birth* How long *1 day*

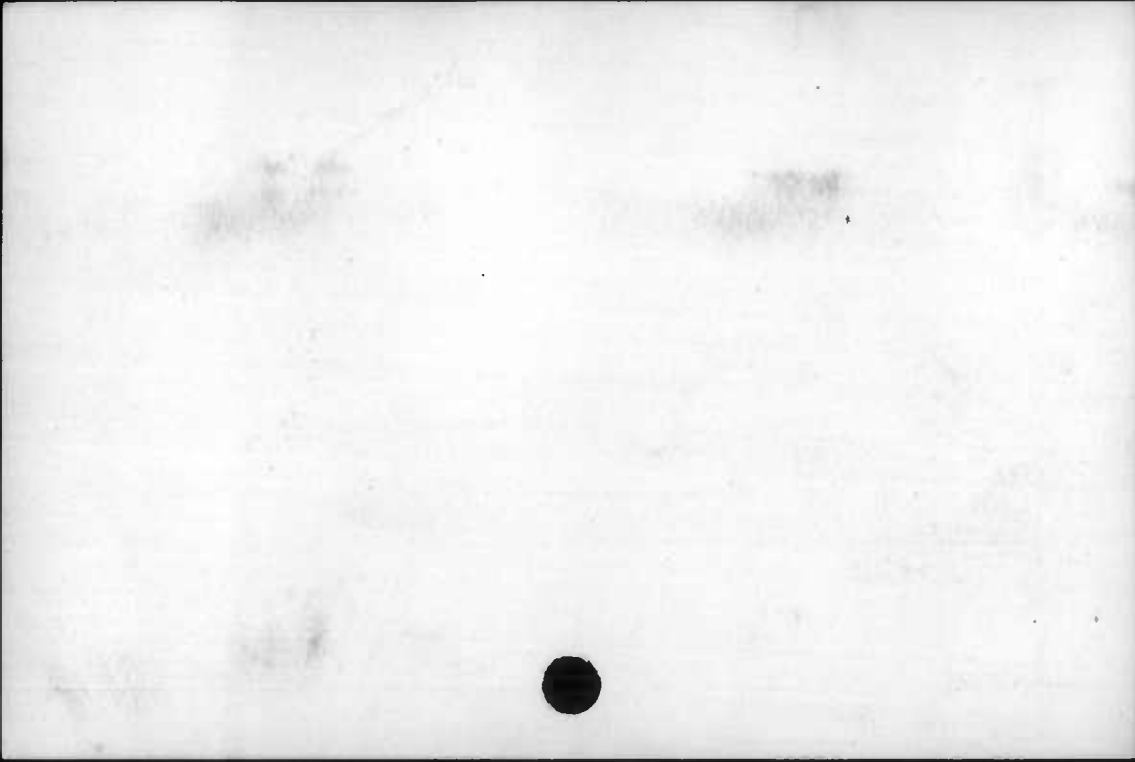
Immediate *asphyxia* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. M. Brady*

Address *Kenilworth, N. J.*

Accident or Suicide? *—*



Name
in
Full

Thomas Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at *New* Town *Bowie Md* County *Q. D.*

Date of death *1909* Month *Nov* Day *6* Age *40* Years Months Days

Sex *Male* Color or Race *Colord* Birth-place *Bowie Md*

Occupation *Farmer* Where Residing if not at place of death *New Bowie*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Thomas Johnson* Father's Birthplace *Bowie Md*

Mother's Maiden Name *Mary Henzie* Mother's Birthplace *Bowie ..*

Name of person giving information *Benz. Stewart* How related to deceased *Brother in Law*

CAUSES OF DEATH

(27)

Primary *Tuberculosis* How long *2 months*

Immediate *Tuberculosis* How long *1 day*

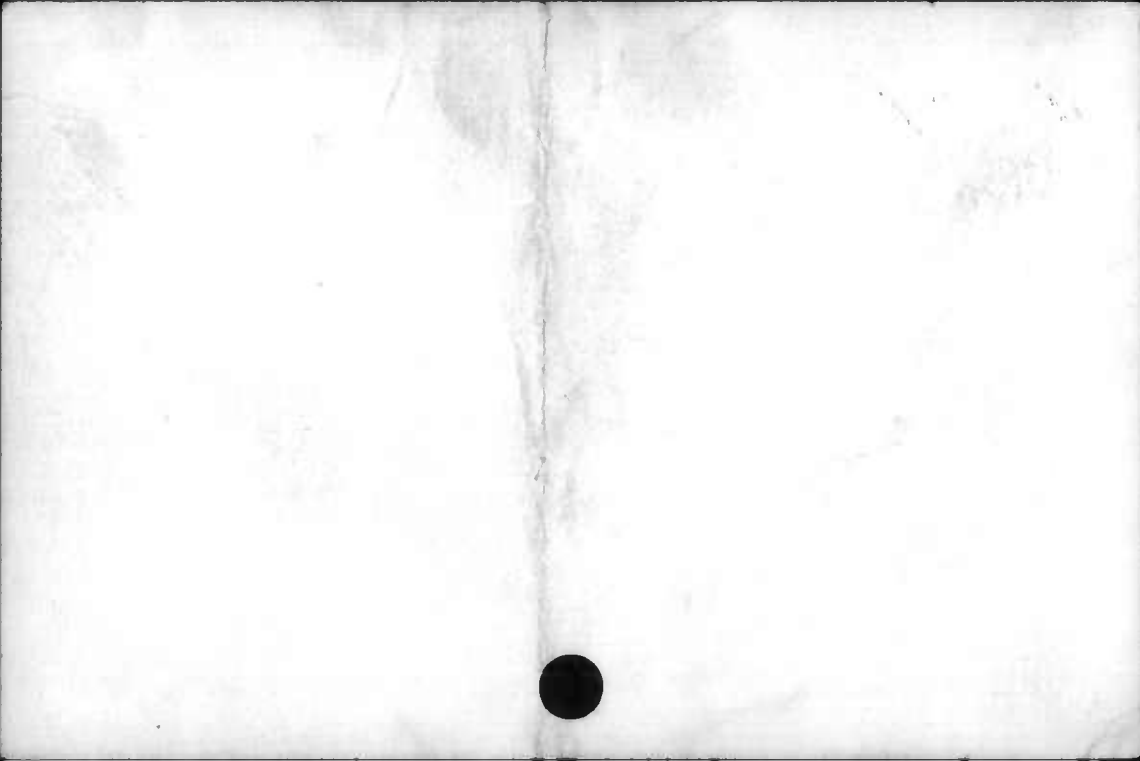
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *James H. Smith*

Address *Bowie Md*

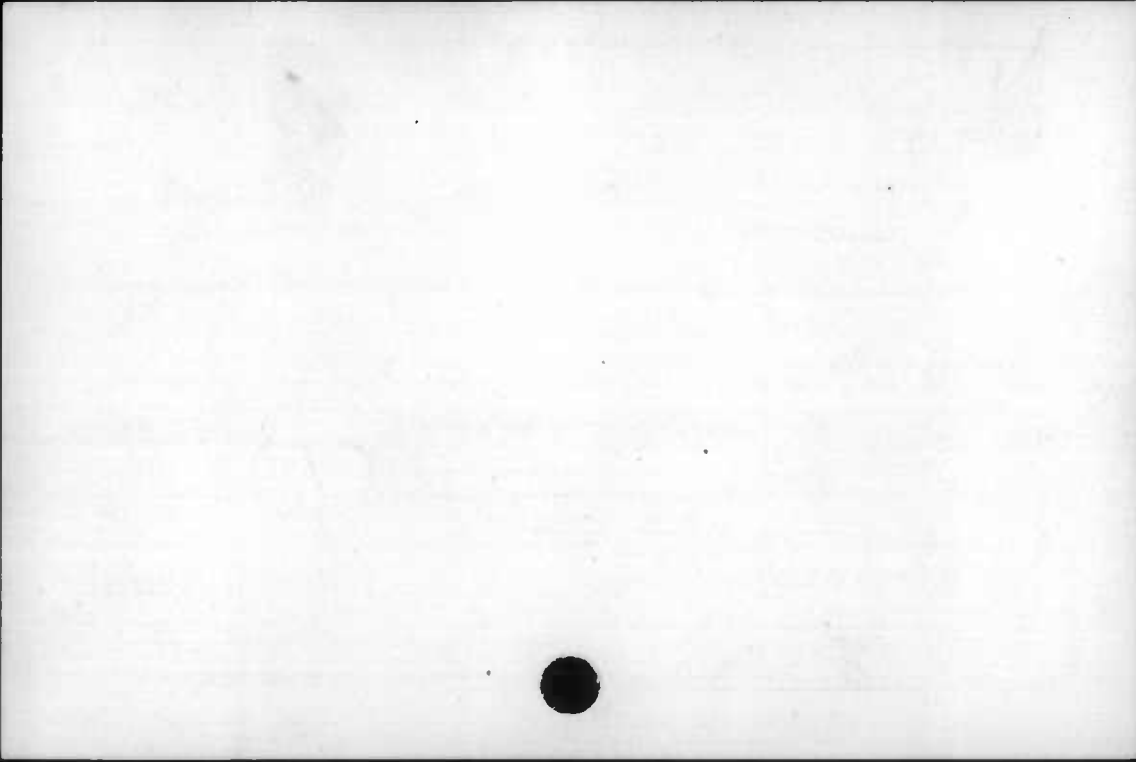
Accident or Suicida *no*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Alice B. Littleford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cedar Heights		Prince George's County		MARYLAND	
	Date of death	1909	Nov.	7	Age	1	8 Months
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Earnest J. Littleford				Father's Birthplace	Md.
	Mother's Maiden Name	Rosa Mangum				Mother's Birthplace	Md.
Name of person giving information	Earnest J. Littleford				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">93</div>							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	1 week
	Immediate	Syncope				How long	1 hour
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. M. Brady
						Address	Kenilworth, N.C.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

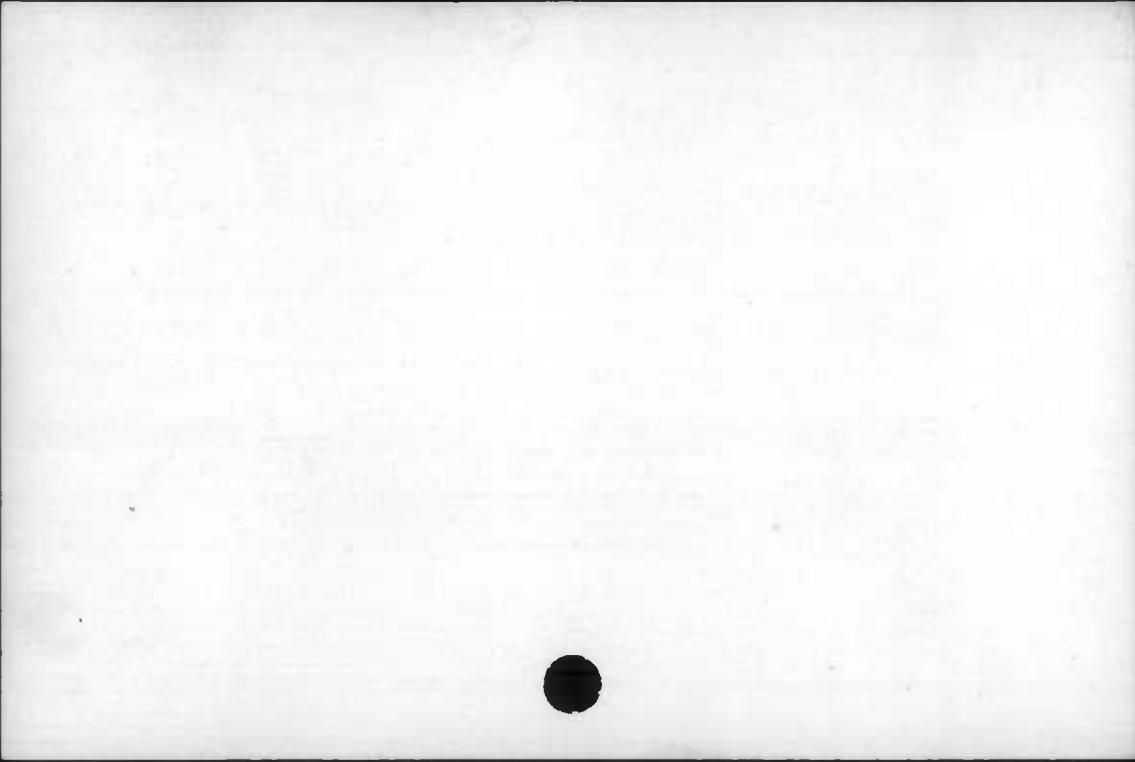
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clinton		County B. & C.		MARYLAND	
Date of death	1909	Month Nov	Day 22 ^d	Age 74	Years	Months 2	Days 22
Sex	Male		Color or Race	Black		Birth- place	Ind
Occupation	None			Where Residing if not at place of death Home			
Married, Single or Widowed	Single			Name of Wife or Husband _____			
Father's Name	John Mackall				Father's Birthplace	Ind	
Mother's Maiden Name	Sophia Mackall				Mother's Birthplace	Ind	
Name of person giving Information	J. C. Ayles - W. D. 910				How related to deceased	Home	

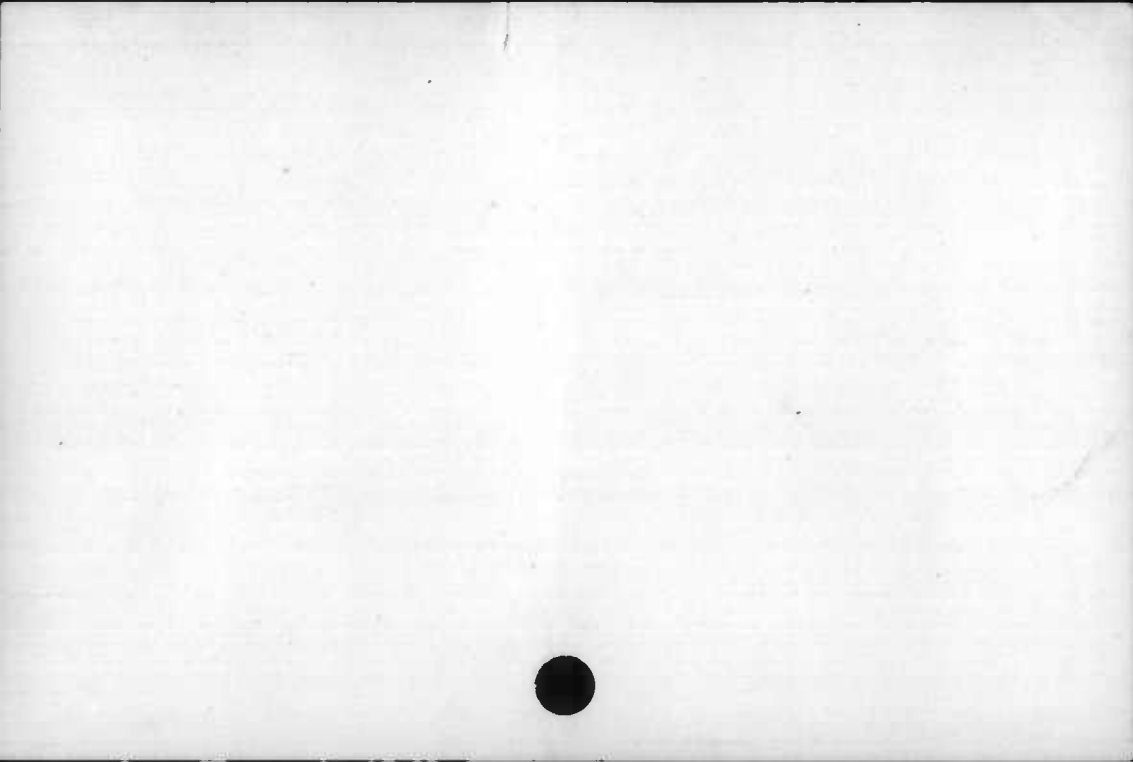
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age - Gen decline		How long	154
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. L. Waring	
			Address Clinton	
Accident or Suicide?				



Name in Full		Meades		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County	
	Date of death		Month		Day	
	190		9 Nov		24	
	Sex		Color or Race		Birth-place	
	Female		Colored		Ormeau Md	
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Single					
PHYSICIAN OR CORONER	Father's Name		Father's Birthplace			
	Mother's Maiden Name		Mother's Birthplace			
	Name of person giving information		How related to deceased			
	Maggie Meads		Grandfather			
	Name of person giving information		How related to deceased			
	Maggie Meads		Grandfather			
	CAUSES OF DEATH		8			
	Primary		Still Born		How long	
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
yes		J. M. Morton		Ormeau Md		
Accident or Suicide?						
no						



Name
in
Full

Isaac Mitchell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mitchellville ^{County} Prince Georges MARYLAND

Date of death 1909 ^{Month} Nov. ^{Day} 2 ^{Years} Age 70 ^{Months} 6 ^{Days}

Sex Male Color or Race colored. Birth-place Prince Geo's Co. Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife ^{Husband} Henrietta Mitchell.

Father's Name Nathan Mitchell Father's Birthplace Md.

Mother's Maiden Name Lucy Smith. Mother's Birthplace Md.

Name of person giving Information Henrietta Mitchell How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

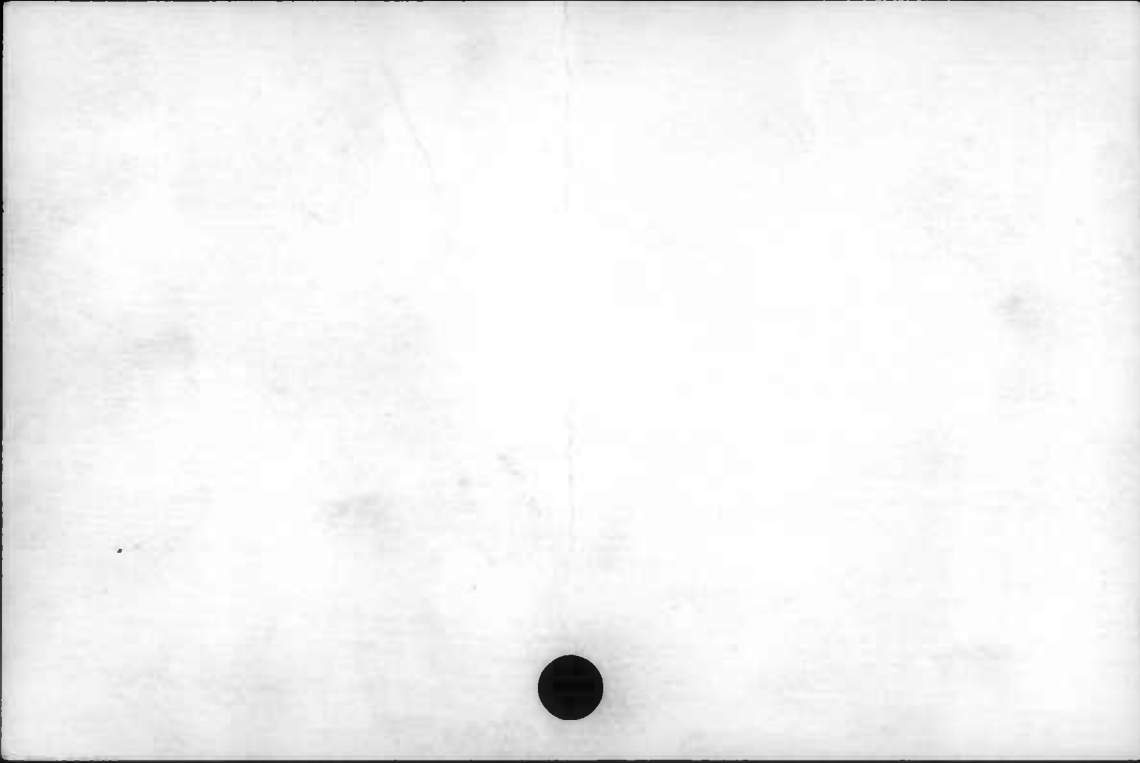
Primary Diabetes How long Unknown

Immediate Weak heart, Exhaustion How long Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. F. R. Dufour Address Mitchellville Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James I Naylor</i>		Town <i>Northkeys</i>		County <i>Po Geo</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>17</i>		Years <i>61</i>	
Date of death		1909		Age		Months <i>61</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Ind</i>			
Occupation <i>Farming</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine E Naylor</i>					
Father's Name <i>James I Naylor</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>James Burch</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Robt A Naylor</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>9 days</i>
Immediate <i>Asphyxiation</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>6 room</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

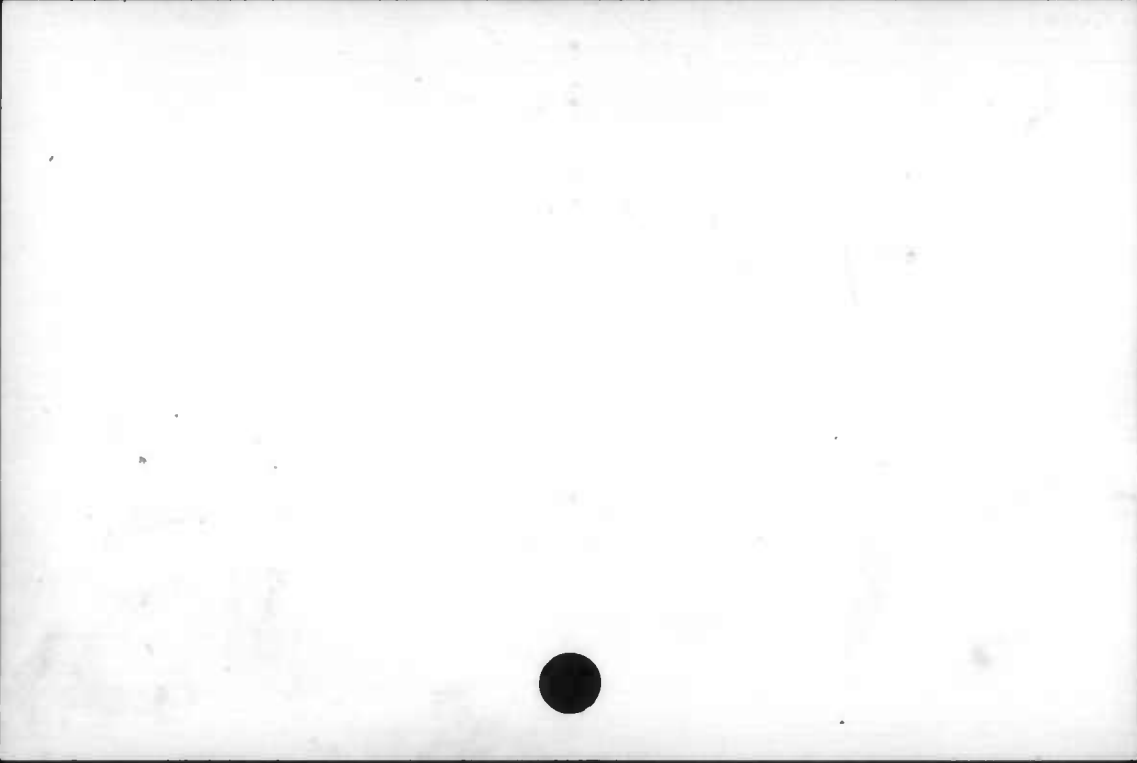
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Marlboro</i> Town <i>Br Gus</i> County		MARYLAND									
Date of death	1909	Month	Nov	Day	30	Age	1	Months	10	Days	—
Sex	Male		Color or Race	White		Birth-place	near Marlboro				
Occupation	—					Where Residing if not at place of death	—				
Married, Single or Widowed	—		Name of Wife or Husband	—							
Father's Name	Wm. Norfolk					Father's Birthplace	P. G. C. Va				
Mother's Maiden Name	Brown					Mother's Birthplace	—				
Name of person giving Information	Wm. Norfolk					How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	Intestinal Obstruction		How long	2 days
Immediate	Convulsions		How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address	
	Dr. Giffert		Upper Marlboro Md	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

Bradshaw Oliver

Town

County

Died at

Chesapeake Junction Prince George's

MARYLAND

Date

of death

1909

Month

11

Day

17

Age

39

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Va

Occupation

car worker

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Mary Oliver

Father's
Name

Weldon Oliver

Father's
Birthplace

Va

Mother's
Maiden Name

Mary J. Lawson

Mother's
Birthplace

Va

Name of person giving
Information

Walter C Oliver

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Verdict Jury Inquest.

How long

174

Immediate

Death due to gases arising
from paint fumes at Chesapeake
PR Car Shop

How long

Sudden
Sudden

Is the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John E. Sausbury M.D.
Lorville
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

W. G. Sando & Co

Congratulatory
etc

Name
in
Full

Charles Appleton Prentiss

CERTIFICATE OF DEATH

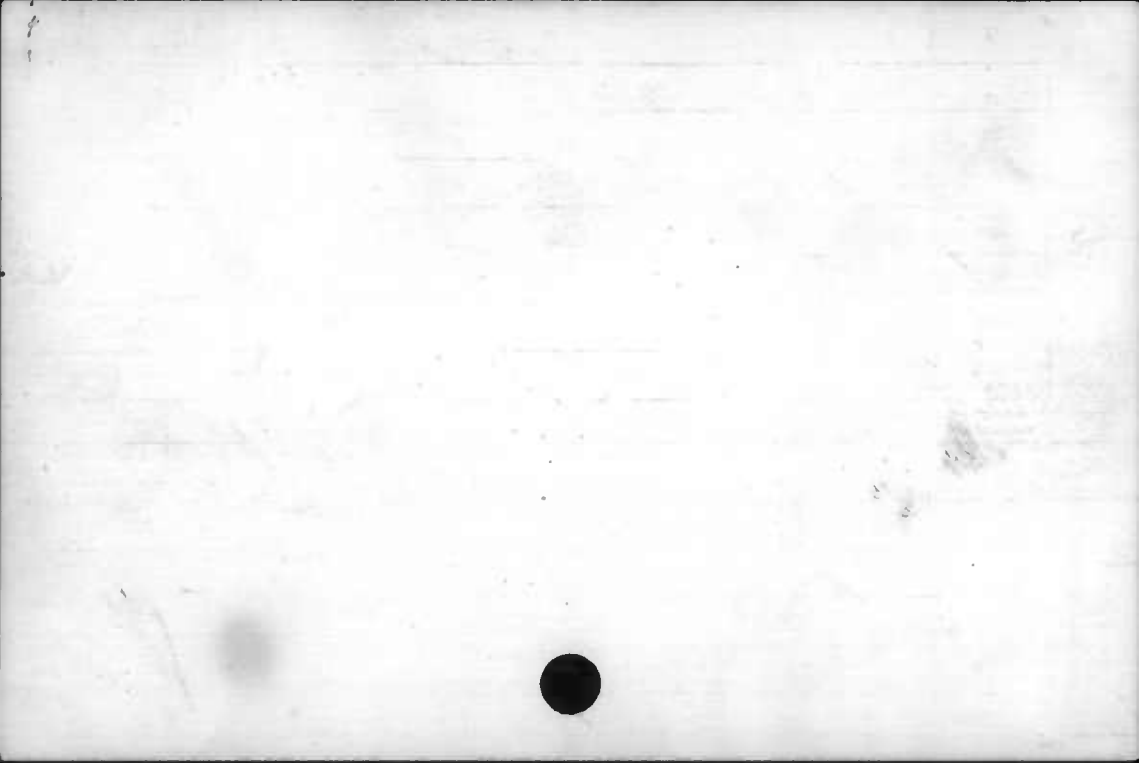
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Riverdale		County Prince Georges		MARYLAND	
Date of death		1909	Month Nov	Day 20 th	Age 72	Years 9	Months 8
Sex		Male		Color or Race		White	
Occupation		Retired Druggist		Where Residing if not at place of death		Washington D.C.	
Married, Single or Widowed		Widower		Name of Wife or Husband		Margaret Joanna Clark	
Father's Name		William Henry Prentiss		Father's Birthplace		Wash ⁿ D.C.	
Mother's Maiden Name		Sarah Cooper		Mother's Birthplace		Not known	
Name of person giving Information		William C. Prentiss		How related to deceased		Son	

CAUSES OF DEATH

Primary	Arterio Sclerosis Myocarditis	How long	See years
Immediate	Acute Cardiac Dehydration	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos C Ratner
		Address	Hyattsville Md.
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

James Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

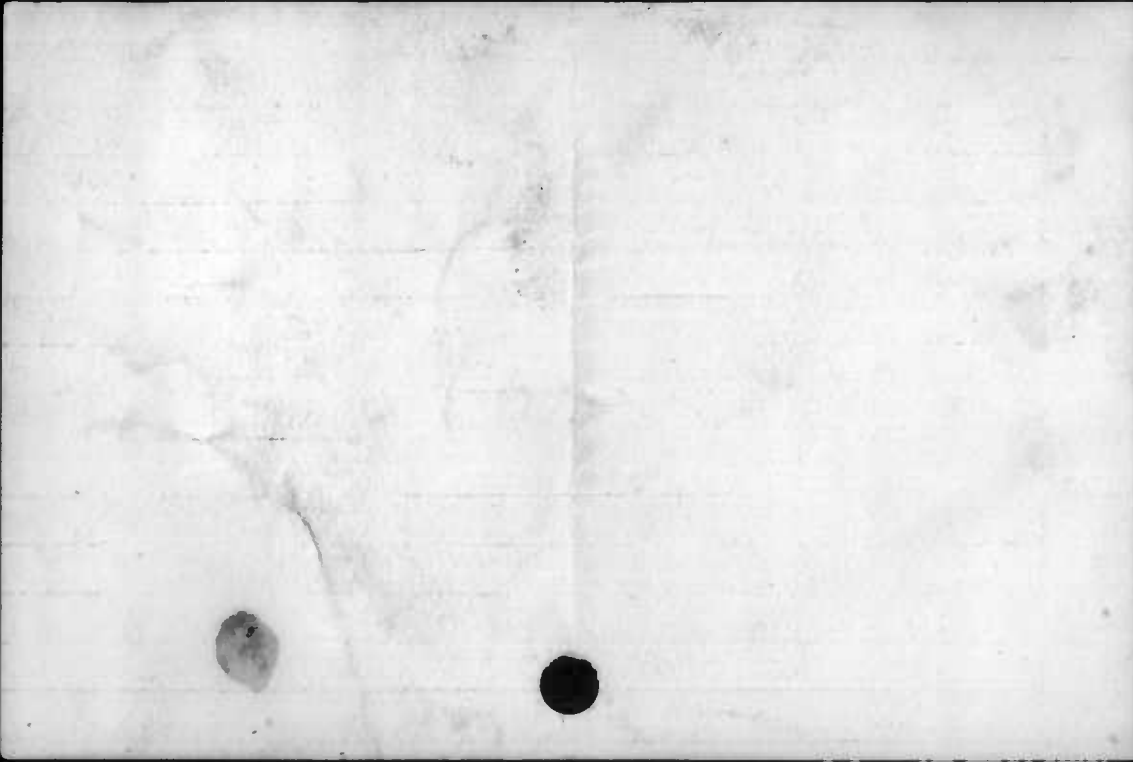
Died at		Town Brentwood		County Prince George		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1909	Nov	16	34	4	13	
Sex	male		Color or Race	white		Birth-place	D.C.
Occupation	Plasterer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Sabra Reed			
Father's Name	John P Reed				Father's Birthplace	D.C.	
Mother's Maiden Name	Mary Barker				Mother's Birthplace	Va	
Name of person giving information	John P Reed				How related to deceased	Father	

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary		How long	✓
Immediate	gun shot wound	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Augustus H. Kehler
		Address	Acting Coroner Shadensburg Md
Accident or Suicide?	suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

This born child of Mr. Porto

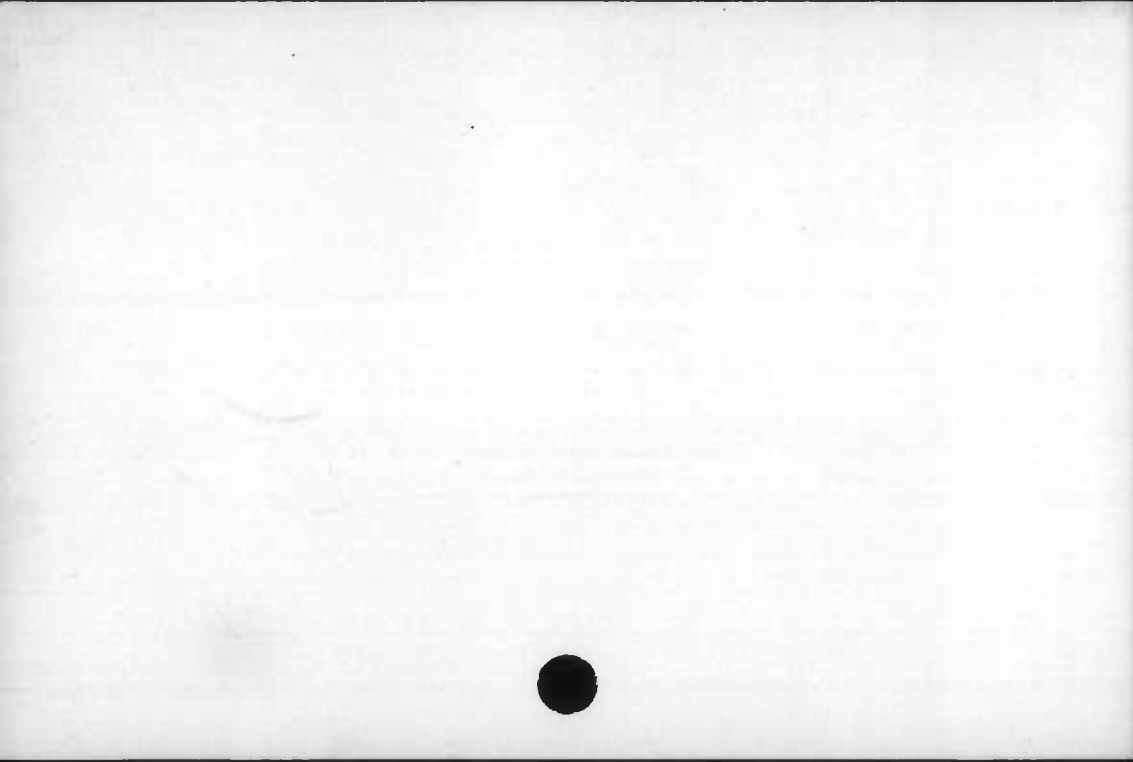
MARYLAND

Died at Camp Springs P. G. Town CountyDate of death 1909 Nov 20 1909 Age — Months — Days —Sex Female Color or Race Black Birth-place IndOccupation house Where Residing if not at place of death AcmeMarried, Single — or Widowed Name of Wife or Husband —Father's Name Wies, Porto Father's Birthplace IndMother's Maiden Name — Washington Mother's Birthplace IndName of person giving information Wies, Porto How related to deceased Father

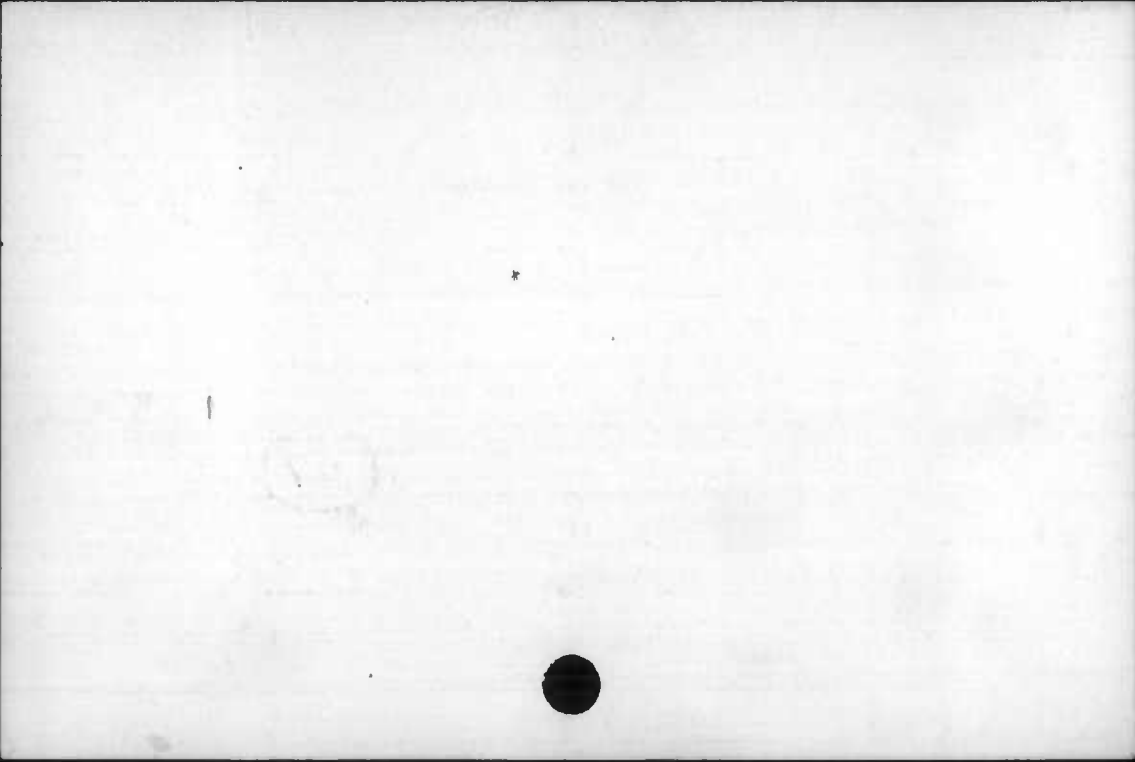
CAUSES OF DEATH

Primary Pneumonia Ind How long —Immediate — How long —Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. P. WaringAddress Clinton

Accident or Suicide?



Name in Full		George Lloyd				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Countryside		P.G.		County		
	TOWN						MARYLAND	
	Date of death	1909	Month	Mar	Day	7	Age	76
	Sex		Male		Color or Race		Black	
	Occupation		Teacher		Birth-place		Ind	
	Where Residing if not at place of death		Countryside					
	Married, Single or Widowed		Name of Wife or Husband					
	Married, Single or Widowed		Name of Wife or Husband					
FATHER'S NAME	Unknown					FATHER'S BIRTHPLACE		
	Unknown					FATHER'S BIRTHPLACE		
	Unknown					MOTHER'S BIRTHPLACE		
	Unknown					MOTHER'S BIRTHPLACE		
Name of person giving information	Geo. Butler					How related to deceased		
	Geo. Butler					Kin		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Tuberculosis lungs					How long	12 and
	Immediate	Emphysema					How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Colinton			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bennett C Scott.

Town *Landover* County *Prince Geo.* MARYLAND

Died at *Landover* *Prince Geo.*

Date of death 190 *9* Month *Nov* Day *11th* Age *63* Months *—* Days *—*

Sex *Male* Color or Race *white* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Catherine A.*

Father's Name *Mr. Scott* Father's Birthplace *Md.*

Mother's Maiden Name *Martha Loper* Mother's Birthplace *Md.*

Name of person giving Information *Walter Scott* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Regurgitation* How long *Several years*

Immediate *Oedema of Pericardium* How long *Few days.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. F. Thompson M.D.*

Address *484 Md. Ave NW D.C.*

Accident or Suicide *—*

Place of Burial
Lanham md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smiths House</i>		Town <i>P.G.</i>		County		MARYLAND	
Date of death	1909	Month	Nov	Day	20	Age	55
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Unknown			Where Residing if not at place of death	Smiths House		
Married Single	Name of Wife or Husband			<i>Unknown</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	Germany		
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	<i>"</i>		
Name of person giving information	<i>Leon, Allen</i>			How related to deceased	<i>Wife.</i>		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Hepatitis - Dropsy</i>	How long	<i>5 weeks</i>
Immediate	<i>Gastroenteritis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. L. Manning</i>
		Address	<i>Blintown</i>
			<i>Me</i>
Accident or Suicide?			

11



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Percy Lee Smith

Died at *East Riverdale* ^{Town} *Prince George* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *Nov* ^{Day} *23* Age *19* ^{Years} *6* ^{Months} *6* ^{Days} *6*

Sex *Male* Color or Race *white* Birth-place *Md*

Occupation *Farmer* Where Residing if not at place of death *_____*

Married, Single or Widowed *single* Name of Wife or Husband *_____*

Father's Name *Thomas Smith* Father's Birthplace *Md*

Mother's Maiden Name *Clara B. Marlow* Mother's Birthplace *Md*

Name of person giving Information *Thomas Smith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *14 years*

Immediate *Exhaustion* How long *1 mo*

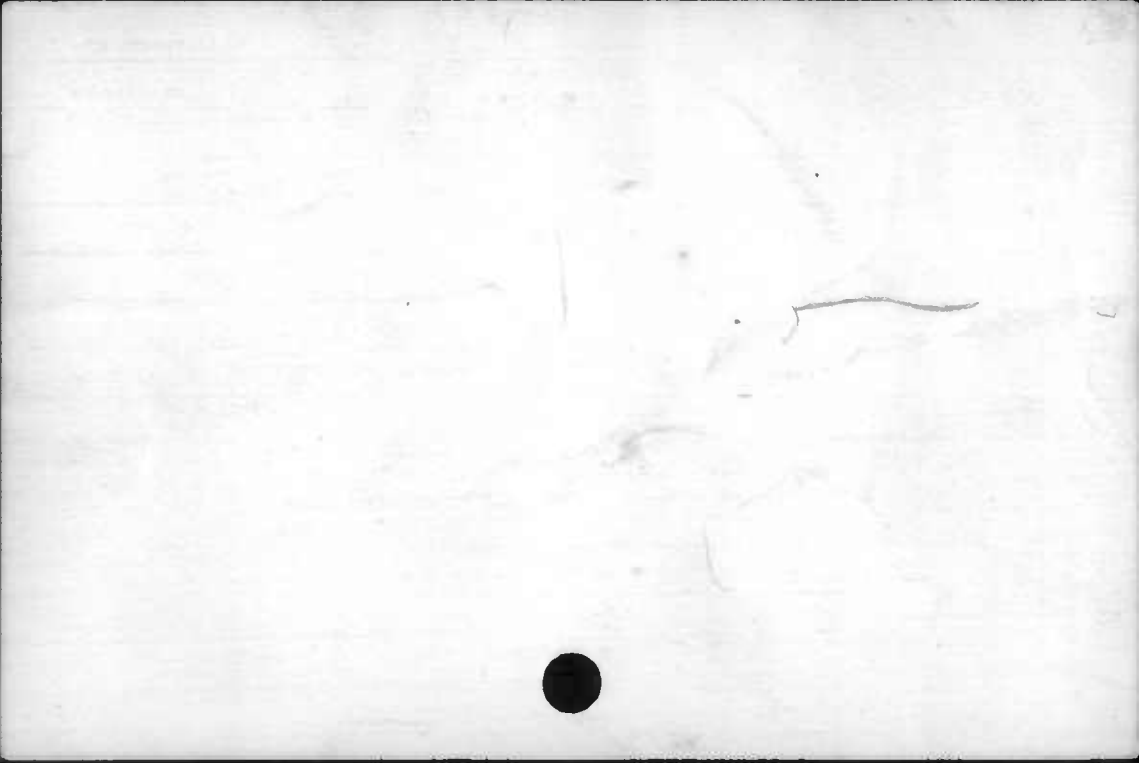
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Isabel W. Bateman*

Address *Hyllsville Md*

Accident or Suicide *Neither*

PHYSICIAN
OR CORONER



Name in Full *Melvin Stiesel*

CERTIFICATE OF DEATH

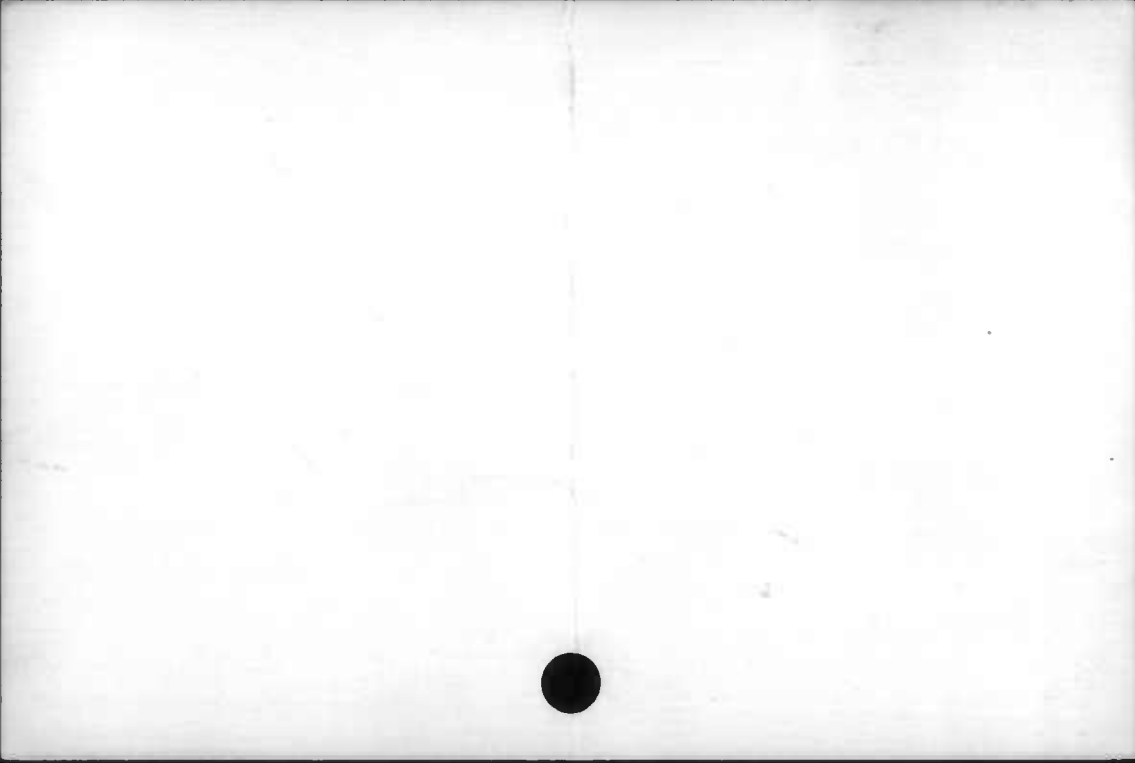
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		Town		<i>Prince Geo.</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Nov</i>	Day	<i>26</i>	Age	<i>2</i>	Months	<i>2</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Brunswick md</i>		
Occupation	<i>Child</i>				Where Residing if not at place of death <i>—</i>				
Merrlad, Singla or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>						
Father's Name	<i>Oscar Stiesel</i>					Father's Birthplace	<i>Washington D.C.</i>		
Mother's Maiden Name	<i>Eva Beamer</i>					Mother's Birthplace	<i>Washington D.C.</i>		
Name of person giving Information	<i>Eva Stiesel</i>					How related to deceased	<i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Catarrhal croup</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Ohlandorf M.D.</i>	
		Address <i>Brunswick. Md.</i>	
Accident or Suicide			



Name
in
Full

Odessa Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

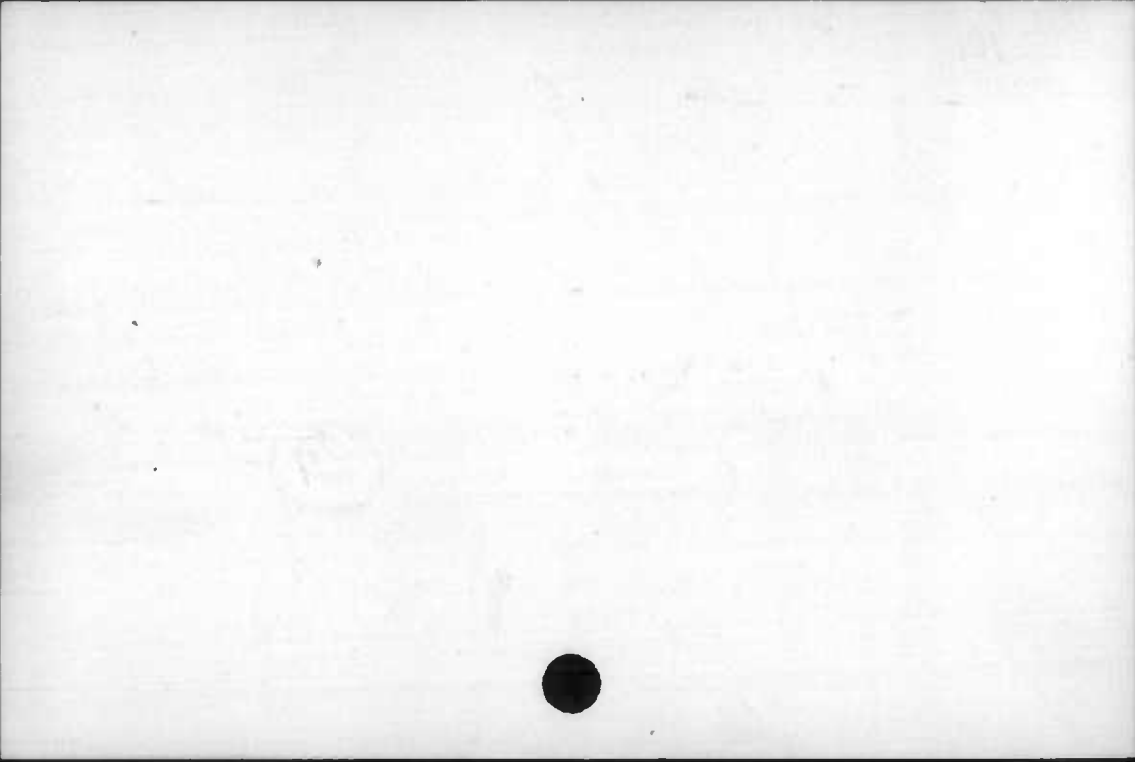
Died at <u>Wesley</u> ^{Town}		<u>P. G.</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>Nov</u>	Day <u>13</u>	Age <u>27</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Farming</u>			Where Residing if not at place of death <u>Home.</u>		
Married Single <input checked="" type="checkbox"/>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Will. H. Thomas</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Annada Thomas</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Harry Thomas</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Distended Pericardial</u>	How long <u>3 years</u>
Immediate <u>Exhaustion</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Weirich</u>
	Address <u>Edinboro</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Robert E. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Cheltenham* ^{County} *Prince George's* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *Nov.* ^{Years} *23* Age ^{Months} *71* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Thomas*

Father's Name *James Thomas* Father's Birthplace *Md.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Names of person giving Information *Arthur Bivens* How related to deceased *Son-in-law*

CAUSES OF DEATH

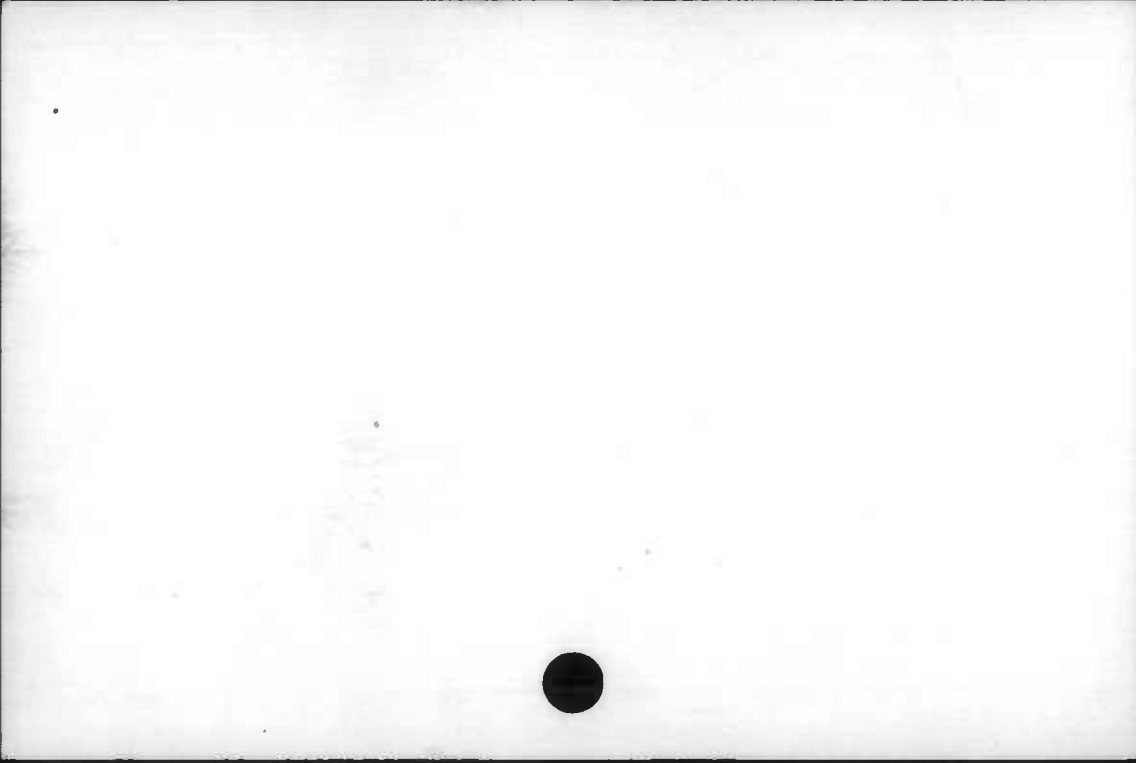
Primary *Spinal Injury* How long *3 weeks*

Immediate *Pneumonia* How long

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *W. H. Gibson*

Address *Croom*

Accident or Suicide



Name
in
Full

Martha A. Thompson

CERTIFICATE OF DEATH

Town

Laurel

County

P. George

MARYLAND

Died at

Date

of death

1909

Month

Nov.

Day

25th

Age

63

Years

Months

9

Days

21

Sex

female

Color or
Race

white

Birth-
place

Montg. Co.

Occupation

none

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

single

Name of Wife or
Husband~~Married~~Father's
Name

James Thompson

Father's
Birthplace

Montg Co

Mother's
Maiden Name

Mary Claggett

Mother's
Birthplace

" "

Name of person giving
Information

Lydia C. Shifley

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Perosis.

How long

64 yr.

Immediate

asphyxia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. C. H. H. H. H.
Savage

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

College Park

Town

Prince George's County

County

MARYLAND

Date

of death 1909

Month

13th

Day

Age

Years

79

Months

2 months

Days

No

Sex

Female

Color or
Race

White

Birth-
place

Prince George's Co.

Occupation

Where Residing if not
at place of death

College Park

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Veitch

Father's
Birthplace

Prince Geo. Co.

Mother's
Maiden Name

Caroline M. Morrell

Mother's
Birthplace

Beltville, Md.

Name of person giving
Information

L. V. Doyle

How related
to deceased

Nephew

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary

Cystic degeneration of Kidney

How long

1 year

Immediate

Cardiac insufficiency & dropsy

How long

2 mos

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

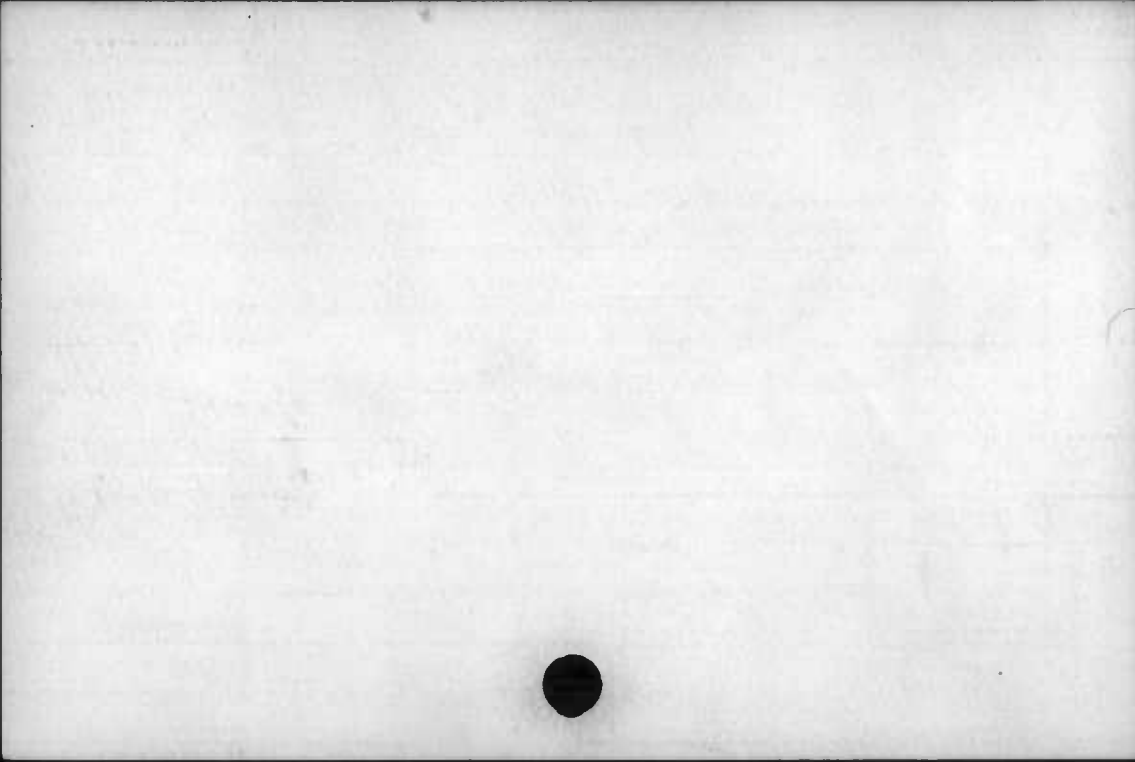
J. S. Mynkovich

Address

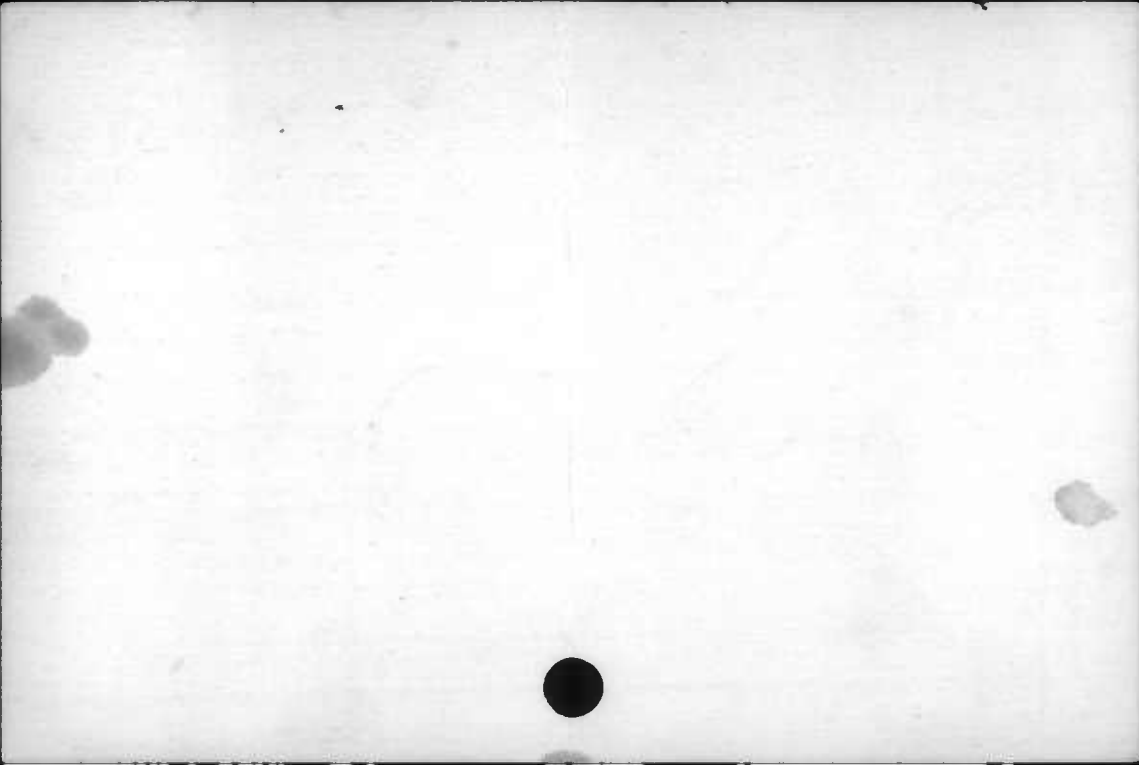
1629 14th St.

Accident or Suicide?

No.



Name in Full		Leah Elizabeth Wells				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Near Landover</i>		^{County} <i>Prince George</i>		MARYLAND		
	Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>—</i>	Months <i>3</i>	Days <i>15</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>M. D.</i>			
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Geo N Wells</i>			Father's Birthplace <i>Iowa</i>			
	Mother's Maiden Name <i>Lillie B Craven</i>			Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Geo N Wells</i>			How related to deceased <i>Father</i>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(78) ✓</div>							
PHYSICIAN OR CORONER	Primary <i>Endocarditis</i>			How long <i>2 weeks</i>			
	Immediate <i>" "</i>			How long <i>" "</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>H. E. Willis</i>			
				Address <i>Hyattsville, Md.</i>			
	Accident or Suicide? <i>No</i>						



Name
in
Full

Mrs Mary E. Wood

CERTIFICATE OF DEATH

Died at ^{Town} *New Bowie Md* ^{County} *P. George*

MARYLAND

Date of death 1909 ^{Month} *Nov* ^{Day} *9* ^{Years} *63* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *White* Birth-place *Talbot Co*Occupation *House work* Where Residing if not at place of death *Near Bowie*Married, Single or Widowed *Married* Name of Wife or Husband *Winfield S. Wood*Father's Name *Samuel Ward* Father's Birthplace *Talbot Co*Mother's Maiden Name *Don't know.* Mother's Birthplace *Talbot Co*Name of person giving Information *Winfield S. Wood* How related to deceased *Husband*

CAUSES OF DEATH

Primary *General Debility* ^{How long} *Six months*Immediate *Hemorrhage / Lungs* ^{How long} *12 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes
*no**James H. Truitt*
Bowie Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chesapeake Junction* Town *Unknown* County *P. G.*Date of death *1909* Month *11* Day *12* Age *about 12 yrs* Years Months DaysSex *Female* Color or Race *Black* Birth-place *Unknown*Occupation *Unknown* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace " "Name of person giving information *Unknown* How related to deceased " "

CAUSES OF DEATH

176

✓

Primary *Throat Cut.*

How long

Immediate *Supposed murder.*

How long

Are the name, age, sex, color, date and place correctly given above? "

Signature of Physician

Address

John E. Gausbury, M.D.
Forestville
*md*Accident or Suicide? *—*PHYSICIAN
OR CORONER

